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NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

**PRINCIPAL
SCHOOL MEDICAL OFFICER**

FOR THE YEAR

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SCHOOL HEALTH DEPARTMENT,
GUILDHALL ROAD,
NORTHAMPTON.

April, 1960.

TO THE MEMBERS OF THE
NORTHAMPTONSHIRE EDUCATION COMMITTEE.

I have the honour to present the fifty-second Annual Report to the Education Committee.

School Dental Service

In my last year's report I referred to the acute difficulties of recruiting dental surgeons. It was subsequently learned that there are now sufficient applicants for places in all the dental schools and the problem of the national shortage of dentists will be solved only when additional facilities for training are provided.

Extent of Treatment under National Health Service

In September the Committee enquired about the extent to which school children were being treated by dental surgeons under the National Health Service, and whether parents were generally aware that free dental treatment was available for their children through that agency.

There is ample evidence of the shortage of dentists both in private practice and within the School Dental Service. For example, the McNair Report stated in 1956 :

“ The majority of dentists in General Practice who appeared before us said they were overworked. We examined them closely to discover what this meant and found that in many parts of the country they received so many requests for treatment that their regular patients may have to wait a considerable time before they can be seen, except in an emergency. New patients sometimes find it difficult to get a dentist to accept them.”

The Report reaches the conclusion that :

“ There is a great shortage of dentists and that it is both

deep rooted and of long standing. . . . The shortage is not of a kind which can cure itself and its consequences now are more serious than they were when the Teviot Committee reported, so that its cure is more urgent and difficult.”

Part I of the Ministry of Health Report for 1957 states :

“ The shortage of dentists is bound to become more acute before measures to increase dental manpower can bear fruit. . . . Twenty-eight per cent of the dental profession are 60 or over. . . . A large proportion of dentists is in the higher age group, which makes it unlikely that the rate of entry into the profession will be able to keep pace, in the immediate future, with the loss through retirement and death.”

The situation is not uniform throughout the country and the Midlands is the worst area in respect of the number of dentists practising under the National Health Service per 1,000 population. The ratio there is one dentist per 5,900 people whereas, in contrast, London and the South-East have one dentist per 3,100. In Northamptonshire itself, including the Borough of Northampton, there are some 80 dentists serving a population of approximately 384,300, giving a ratio of one dentist per 4,800 people. Several of these dentists are near retiring age. Although this is not as bad as elsewhere in the Midlands it is certainly far worse than other areas in the country such as London and the South-East.

The Report of the Chief Medical Officer of the Ministry of Health for 1958 indicates that the number of courses of treatment received by children under 15 rose from 7% of the total treated by practitioners in the general dental service in 1949 to 30% in 1958. Despite this improvement the Report states that “ . . . it is clear from the statistics that insufficient care is given to the children's teeth ”.

A recent survey of some 2,600 school children seen at routine dental inspections in Northamptonshire showed that only 23% apparently received regular dental care by dentists in the National Health Service. In 1958 our own Service (consisting of only six dental officers) treated approximately 9,000 children out of the school population of 44,000. On the assumption that the figure of 23% is representative all over Northamptonshire, the private practitioners would have seen about 10,000. Thus 25,000 children

(57% of the school population) received no form of dental care during last year.

These figures indicate that little over half the school children in Northamptonshire received any dental attention during 1958. This is a depressing statement when it is borne in mind that, to maintain satisfactory dental health, children should be seen by dentists twice per annum.

It is thus clear that although private dental practitioners are helping to treat children, they are making a small contribution in proportion to their numbers (80 practitioners compared with six in the School Dental Service). But for the latter service fewer than a quarter of the school children in the County would receive dental care.

Parental awareness of National Health Service facilities

I think most parents are aware that their children may obtain free dental treatment under the National Health Service since some 23% do and others no doubt have casual emergency extractions. In addition, the parent of every child found at school dental inspections to require treatment receives a letter informing them of that fact and indicating that such treatment can be obtained either from a private dental practitioner or through the School Dental Service.

Weighing and Measuring

The time-honoured practice of weighing and measuring pupils at routine medical examinations was discontinued. In other counties the practice has also been given up. The origin of weighing and measuring school children was probably to detect those pupils who were suffering from malnutrition. Nowadays there are no children in the county, or at the most only a few, who are malnourished. With increasing knowledge of the subject it is realised that to compare the weight of any child with what he ought to weigh according to the average for children of his age is misleading because of the influence of heredity. To assess a child's height and weight, one should know the build of the parents and probably also the grandparents. The other reason for weighing and measuring children is to collect data from which standards based on the average for each age can be calculated. This is a lengthy statistical process which

can best be carried out by very large authorities. Accordingly, as there was no clear indication for continuing to weigh and measure children, the Committee agreed that it could be discontinued. The saving of time of the health visitors, who formerly had to pay special visits to the schools before the medical examinations to record the heights and weights, was much appreciated because it enabled them to devote their energies to more important duties. The school medical officers were, however, informed that if, for any clinical reason, they desired to know the weight or height of an individual child, the health visitor would be willing to give this information.

Smoking and Lung Cancer

At a meeting in January, 1959, the Chief Education Officer and I discussed with three representative head teachers of secondary schools, appropriate methods of advising children about the harmful effects of smoking. I outlined various suggestions and undertook to prepare lecture notes that could be used as a basis for talks by head teachers or other selected teachers in schools. At the meeting, two of the head teachers said they gave talks at least once a term on smoking and cancer. One of the head teachers said he had prepared a questionnaire on smoking habits for completion (in block capitals) by his pupils. It is almost unnecessary to say that an undertaking was given that no action would be taken on the information supplied, and in any event the statements were not signed. The information obtained was :

Age Group	Non Smokers	Smokers	Number of cigarettes per week					
			1 or 2	3-10	10-20	20-30	30-40	50
13-14 years	27	30	10	11	6	2	—	1
15-17 years	19	32	4	8	10	3	6	1

The head teacher added that from enquiries he had made, he knew that 60% of parents consented to their children smoking, 30% were against, and in the remainder, one parent gave consent and the other did not. I was surprised to learn that 60% of the parents agreed to their children smoking.

With the co-operation of the respective head teachers, talks were

given on smoking and health at the Girls' High School and the Boys' Grammar School, Kettering, at the end of the summer term.

Subsequently a one-day course for heads of all secondary schools was held on the 1st December at Knuston Hall, the primary object being to give suggestions to teachers on how the subject of smoking and health could best be approached. After opening remarks by the Chief Education Officer I discussed the various points of my lecture, the notes of which had previously been circulated. Dr. A. J. Dalzell-Ward, Medical Director of the Central Council for Health Education, spoke on his lecture notes which had also been circulated, and his talk was illustrated with a tape recording of a discussion among school children, slides, posters, and a new flannel-graph for use in schools. He stressed that education on smoking should be begun in the primary school before children started to experiment and before the "age of rebellion". In the afternoon two films were shown, one the B.B.C. film, "Facts and Figures," and an American film which gave an account of the surgical treatment of a patient with lung cancer. The course closed with a useful general discussion. Teachers agreed that there was considerable smoking in schools and that the problem had to be tackled, although the difficulties were well recognised. If a head teacher himself smoked it was generally agreed that the lecture might be better given by another teacher, although this might be detrimental to the authority of the head. Some teachers suggested that all the talks should be given by members of the medical staff, but on the other hand the view was expressed that a talk on smoking and health was a form of education and should be given by teachers. It was agreed that the prospect of an unpleasant death forty or fifty years' later would not make much impression on children in their early teens and many teachers thought that the financial advantages of not smoking might make a greater appeal. One teacher thought that the greatest temptation occurred immediately after leaving school when social pressures at work made it difficult for many young people not to begin smoking. Another teacher made the valuable point that the occasional formal lecture would not be so effective as the constant approach week in, week out. For example, in the biology classes the effect of smoking and nicotine on the body could be described. When dealing with road accidents, the fact that these accounted for less than one third of the deaths from lung cancer could be indicated. When B.C.G. vaccination or other

vaccination procedures were being carried out at schools it could be stressed that the problem of lung cancer was vastly larger and much more important. This plea for a continuous approach received considerable support.

The head teachers attending the conference were informed that various posters, films, and lantern slides, would be available, and after the course a number of teachers wrote letters of appreciation and asked for supplies of publicity material. The lecture notes I prepared for the course will be found on pages 20-25 of this report.

Plantar Warts

This subject was discussed in some detail in my previous report. After consideration of the report the Committee directed that the attention of all head teachers should be drawn to the fact that bare foot dancing causes plantar warts, and the relevant extracts of the report were sent to all heads of schools.

The disease continues to be a nuisance. The two Consultant Dermatologists in the County estimate that at present they are treating every year about 270 cases of plantar warts in children attending our schools, and there must be more children who contract the disease and are treated by the family doctor without reference to a specialist. From one Grammar School 26 cases were reported, and from another 24 cases. The usual preventive measures were advised. It is known that in some schools bare foot dancing is still practised.

Footwear

The influence of fashion on footwear was discussed at a medical staff meeting when it was reported that many girls were wearing sloppy, ill-fitting casuals which were out of shape and often down at heel : others were wearing pointed shoes in the latest fashion, and stiletto heels were not unknown.

The difficulties of trying to persuade any member of the gentler sex not to follow the prevailing fashion is clearly recognised. Nevertheless, the present fashion of pointed toes is particularly injurious to the foot of the growing girl, because the toes are obviously crammed together and gross deformities are soon produced. The net result is a hallux valgus in which the great toe is bent out, causing a bunion at the joint between the toe and the fore-

part of the foot. There is no doubt that permanent damage to the foot of the growing girl can be caused in a relatively short time.

Many of the Health Visitors give talks on hygiene to girls in secondary schools, and to assist them a film strip, showing the damage caused to the foot by shoes of the pointed toe type, was purchased so that they could illustrate their talks on foot health.

Child Guidance

The Ministry of Health issued a circular in March (number 347) in which general agreement was expressed on the recommendations in the Underwood Report on Maladjusted Children which had been published in 1955. The Ministry accepted the recommendation that "there should be a comprehensive child guidance service available for the area of every local education authority, involving a school psychological service, the school health service and child guidance clinic(s), all of which should work in close co-operation, and that local education authorities and regional hospital boards should plan their provision of child guidance clinics in consultation". Authorities were therefore asked to prepare plans to give effect to these recommendations as and when the necessary staff could be obtained. The Ministry agreed with the Underwood Committee's recommendation that the local education authority should provide the premises and employ the psychologist and psychiatric social workers and that the regional hospital board should make available the services of the psychiatrist.

The Ministry also stated that a child guidance clinic provided by a local education authority would, like other school clinics, be part of the school health service and would therefore form part of the general responsibility of the Principal School Medical Officer. It was also recommended that a School Medical Officer should be associated with the child guidance team.

For some years the position about the administration of the service had been unsatisfactory because of the lack of a clear cut definition of the service and of the authorities responsible. The Circular which has clarified a number of issues has accordingly been welcomed. Following consideration of this circular the psychiatric social worker was transferred to the staff of the Principal School Medical Officer.

Reports of School Medical Officers

My medical colleagues were invited to comment on their work.

Dr. P. X. Bermingham says that in his experience 1959 has not been a good year as far as the health of the school child is concerned. There were many cases of upper respiratory infection in the autumn, more than at any time he can remember, and the infection often progressed to a bronchitis. Scarlet fever also was more prevalent in his area and he queries the present official practice under which home contacts are not excluded from school. An outbreak of jaundice was reported in a Wellingborough school in the summer term, when eleven cases came to notice. Sanitary arrangements in the school were not satisfactory and when his recommendations were carried out the outbreak came to an end. He suggests that infective jaundice should be made notifiable and with this I agree.

Dr. Jean Croll is concerned that in one school 80% of the pupils were wearing shoes which were quite unsatisfactory, especially regarding shape and state of repair. This subject is mentioned in another part of the Report. In a grammar school in her area, girls are given the option of dancing in bare feet. She stresses the importance of the campaign on dental hygiene and regrets the incidence of dental caries and the complete disregard of oral hygiene. In a school where the Chief Dental Officer had given a talk, improvement had resulted.

Dr. A. Lucas states that at medical inspections he finds few, if any, undernourished children and he thinks over-feeding is more noticeable mainly due to the wrong type of food. He, like his colleagues, regrets the lack of attention to teeth which he says is very marked; and he points out that it must be frustrating to the dental officers when sweets and chocolate biscuits are sold during school break, thus encouraging dental caries. As regards educationally sub-normal children in the Brackley area, parents complain that their children have to be sent to Loddington Hall, which is some distance away, and he suggests that the remedy is a special school in the southern part of the County. He concludes that on the whole, better housing, school milk and school meals have produced a fitter child.

Dr. Joan Dawkins stresses the essential nature of the routine examination at entrance, and the opportunities presented for health education and for ensuring that a booster immunisation dose against diphtheria is given. She finds that the vision of young children entering school can be successfully tested with the "E" card. The doctor suggests that the routine examination at the age of nine or ten might be replaced by the examination of those pupils who are referred by parents, teachers or health visitors, particularly those who are often absent and fail to make progress, and who come from large and problem families. Vision testing should, however, be repeated at the ages of seven, eight and nine. A similar suggestion for the restriction of the examination of the nine and ten year old pupils to specially selected groups, has been proposed by Dr. Dyer. While there is much to be said in favour of this suggestion, many parents welcome the opportunity of seeing the school doctor with their child and if the routine examination were discontinued, a period of nine years would elapse during which some children would not be medically examined. The issue is evenly balanced and on the whole I consider that the routine medical examination at the intermediate stage should be retained. Like her colleagues, Dr. Dawkins comments on the fact that many teenage boys do not clean their teeth and she also notes unsuitable footwear and the increased number of foot defects in teenage girls. Favourable comment is made on the high standard achieved in the majority of secondary modern schools; the good surroundings of the new schools combined with vital leadership from headmasters and staff appear to be engendering in the pupils a higher standard of general demeanour, physical appearance and attainment. The great majority of the pupils now have a school uniform. Disapproval of barefoot dancing is expressed and an outbreak of verrucae in a grammar school in her area is reported.

There was also an outbreak of Sonne dysentery, in connection with which I wrote to all parents inviting their co-operation in providing hand towels. The parents responded satisfactorily and hygiene standards improved, but unfortunately the epidemic continued. Finally, Dr. Dawkins advocates a programme of health education in secondary modern and grammar schools, to be given in conjunction with physiology and hygiene.

Dr. J. V. Dyer, who came to Northamptonshire from a northern county, observes the standard of cleanliness, clothing and nutrition of the school child in the Corby and Kettering areas to be exceptionally

good. He did not find it necessary to classify any child's nutrition as unsatisfactory. Compared with his previous experience, he observed fewer children with scarred or perforated ear drums. He also comments appreciatively on the large number of parents who attend with their children at medical inspections, even in the older age groups. In his previous Authority he had a clinic for the treatment of enuresis by the electric pad and buzzer apparatus, and he asked whether he could be supplied with similar apparatus. I have informed him that cases of enuresis are treated at the Child Guidance Clinic from which the special apparatus can be loaned, and I think it preferable for such cases to be treated at the Clinic.

Dr. Marjorie Smail comments on the excellent co-operation she has received from the teaching staff.

I have pleasure in thanking the members of the Committee for their interest, and all my colleagues for their assistance.

I have the honour to be,

Your obedient servant,

CHARLES MILLIKEN SMITH,

Principal School Medical Officer.

STAFF

Principal School Medical Officer—

C. M. Smith, O.B.E., M.A., M.D., D.P.H.

Deputy Principal School Medical Officer—

M. J. Pleydell, M.C., M.D., D.P.H. (to February)

J. J. A. Reid, T.D., B.Sc., M.B., Ch.B., D.P.H. (from March)

School Medical Officers—

P. X. Bermingham, M.B., Ch.B., B.A.O., D.P.H.

A. Lucas, L.R.C.P.E., L.R.C.S.E., L.R.F.P.S.G., D.P.H.

A. N. Pickles, M.B., Ch.B., D.P.H. (to September)

J. Carroll, M.B., Ch.B., B.A.O., D.C.H., D.P.H. (to July)

J. V. Dyer, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (from September)

Joan M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H.

Muriel C. Goodchild, M.R.C.S., L.R.C.P., D.C.H.

Mary G. H. Dickson, M.R.C.S., L.R.C.P., D.P.H.

Jean F. Croll, M.B., Ch.B.

Marjorie Smail, M.R.C.S., L.R.C.P., D.C.H., D.P.H.

Principal School Dental Officer—

D. H. Goose, B.Sc., B.D.S.

School Dental Officers—

C. M. Perry, L.D.S.

R. J. F. Corfe, L.D.S.

R. D. R. Hopkinson, L.D.S.

Mrs. F. M. Jones, L.D.S.

Part-time :

Mrs. F. J. Campbell, L.D.S.

Mr. J. P. Finnan, L.D.S. (to September)

Ophthalmologists—

S. H. G. Humfrey, M.R.C.S., L.R.C.P., D.O.M.S.* (to April)

R. C. Jack, M.B., F.R.C.S., D.O.M.S.*

Mrs. N. M. Oughton, M.B., Ch.B., D.O.*

Miss K. M. Long, F.R.C.S., D.O.M.S.* (from April)

Psychiatrists—

P. H. Rogers, M.B., B.Ch., M.R.C.P., D.P.M.*

J. Warner, M.B., Ch.B., D.P.M.* (to November)

J. V. Halpenny, M.B., Ch.B., B.A.O., D.P.M.* (from July)

* On the staff of the Oxford Regional Hospital Board and working in clinics administered by the Local Education Authority.

Educational Psychologists—

Miss D. V. Scott, M.A.

Miss M. P. Hindley, B.A. (from Sept)

Social Worker—

F. D. Payne.

Speech Therapists—

Mrs. M. Sculthorpe (née Gossling) L.C.S.T. (to August)

Miss L. Barrenger, L.C.S.T.

Mrs. G. L. Moore, L.C.S.T. (part-time—three sessions weekly from April)

Mrs. M. G. Venum, L.C.S.T. (from November)

School Nurses—

Assistant Nursing Officer and Health Visitors, equivalent of 12.94 full-time nurses.

Dental Attendants—

At the end of the year six whole time attendants were employed.

No. of schools in the Authority's area at 31st December, 1959 :

Primary	244
Secondary Technical	4
Secondary Grammar	9
Secondary Modern	28
Nursery Schools	2
Special Schools	4
	<hr/>
	291
	<hr/>

Average number of pupils on the registers during the year : **45,532**

The extent to which the school population has grown in recent years is shown in the following table :

<i>School Year</i>	<i>Average No. on Registers</i>
1946	29,190
1947	29,311
1948	31,537
1949	33,046
1950	34,400
1951	35,307
1952	36,719
1953	37,811
1954	39,531
1955	41,050
1956	42,445
1957	44,033
1958	44,555

SCHOOL MEDICAL INSPECTIONS

The school medical staff, equivalent to 3.43 full-time officers, examined a total of 12,813 pupils. This number was comprised of 11,012 routine examinations (8,925 last year) and 1,801 re-examinations and specials (2,464 in 1958).

It will be seen that the commonest defects found were defective vision, squint, nose and throat conditions and flat foot. There are some differences in the defect ascertainment rate in the last three years: for example, defective vision shows a considerable variation and nose and throat conditions have increased since 1957.

I am doubtful about the significance to be attached to the variations: inevitably in the case of some defects, e.g., ear, nose and throat conditions and possibly also posture and flat feet, much depends on the personal standards of the examiner.

The number of pupils at routine examinations ascertained to be in need of treatment was 1,128: the rate per 1,000 examined compared with the similar rates for the two previous years is shown in the following table:

<i>Defect</i>	<i>No. of defects requiring treatment (11,012 pupils examined)</i>	<i>Rate of defects ascertained per 1,000 children examined</i>		
		1959	1958	1957
Skin	44	3.9	3.36	4.22
Vision.....	599	54.4	61.4	49.8
Squint	45	4.08	7.28	2.6
Otitus Media.....	9	0.8	1.57	0.6
Heart and Circulation	29	2.6	3.14	1.7
Nose and Throat	133	12.07	10.6	7.1
Lungs.....	36	3.27	1.9	1.4
Hernia	7	0.6	0.89	0.6
Posture	26	2.36	1.79	2.6
Flat Feet	52	4.7	4.7	6.1

CO-OPERATION WITH FAMILY DOCTORS AND SPECIALISTS

The co-operation that the School Health Service has enjoyed in previous years from family doctors and consultants has been continued. The reports on home conditions, school attainments, intelligence quotients, and so on that we have sent to the general practitioners and to hospital specialists have, I hope, proved equally helpful.

HANDICAPPED PUPILS

Educationally Sub-Normal. Eighty children were examined following reports from head teachers and school doctors of failure to maintain progress in school. These special examinations were undertaken only after consideration of school reports submitted by the teachers.

The following recommendations were made by the medical officers :

Recommended for admission to a day or boarding special school	48
Recommended for report to the Local Health Authority as incapable of benefiting by education at school (Education Act, 1944, Section 57(3))	4

At the end of the year 166 children had been ascertained and were awaiting admission to day or boarding schools for educationally sub-normal pupils. Of this total the parents had refused to allow children to be admitted to special schools in 26 cases. Another 34 pupils were under the age of nine and the Committee does not normally admit pupils to educationally sub-normal schools in the County until this age. A further 42 pupils had attained the age of 13 years and are possibly too near school leaving age to make their admission worthwhile. Nevertheless there is very definite need for further accommodation for educationally sub-normal pupils.

The Committee has plans for a new special school at Wellingborough with a hostel attached. It is hoped that they will be erected at an early date.

Blind. One pupil has been certified as blind and one placed in a boarding special school. The Committee has nine pupils in boarding schools for the blind.

Partially Sighted. Two pupils were admitted to boarding special schools. Nine partially sighted pupils are now in special schools.

Deaf. Three new cases were assessed and three totally deaf pupils were placed in special schools. At the end of the year 14 pupils were in boarding schools.

Partially Deaf. One pupil was placed in a boarding special school and eight pupils are now receiving education in special schools.

Four children attended the clinic for young deaf children in Leicester and 112 appointments were consequently made for this clinic.

Delicate. Seven new cases were reported and ten were admitted to special schools. At the end of the year 35 pupils were in special schools, most of them in the Physically Defective Department of the Kingsley School, Kettering.

Physically Handicapped. Seven new cases were reported and seven were admitted to special schools. At the end of the year 33 physically handicapped pupils were receiving special educational treatment.

Maladjusted. Three pupils were placed in hostels or boarding special schools and two new cases were reported as needing special educational treatment. At the end of the year 11 children were in hostels and 16 in special boarding schools.

Epileptic. One child was ascertained during the year and admitted to a boarding special school.

INFECTIOUS DISEASES

The following special reports of outbreaks of infectious disease were submitted by head teachers during the year. (The figures in brackets refer to the previous year)

<i>Whooping Cough</i>	<i>Chicken Pox</i>	<i>Influenza</i>	<i>Mumps</i>	<i>Measles</i>	<i>German Measles</i>	<i>Scarlet Fever</i>
1	14	11	7	28	1	21
(6)	(26)	(4)	(18)	(32)	(7)	(11)
	<i>Jaundice</i>			<i>Conjunctivitis</i>		
	1			2		
	(-)			(-)		

Tuberculosis. Two cases of respiratory tuberculosis and two of non-respiratory disease were notified. There was no concentration of cases in any school. The ages of the children affected varied from 5 to 12. The following epidemiological enquiries were made:

Brackley Girls' High School. As a result of a girl aged 16 years being notified as a case of pulmonary tuberculosis immediately after leaving school, it was considered desirable to examine the pupils

who might have come into contact with her. Thirteen girls were examined by Chest X-Ray and all were negative for tuberculosis. Although examination of the patient's parents was negative for tuberculosis, her elder brother was notified at the time her disease was diagnosed and he may conceivably have been the source of the infection.

Easton on the Hill School. Five of the seven children tested under the school leavers' B.C.G. vaccination scheme gave a positive reaction and as this proportion was greatly in excess of the rate normally found—about 18%—it was considered desirable to test the other children at the school. Accordingly, a further 117 children were tested and of these, 23 were found to be positive. There were thus a total of 28 children positive out of 124 examined, a rate of 22.6%. Arrangements were accordingly made for the positive reactors to be examined at the No. 1 Unit of the Oxford Regional Hospital Board Mass Radiography Service. Twenty-seven children were examined ; seven had healed primary lesions, one had a healed post-primary lesion and the remaining 19 were clear. Efforts to get the absentee examined were unsuccessful. The Health Visitor prepared a very interesting chart showing the relationship of the positive reactors to known cases of tuberculosis in the village. As was expected, most of the children who yielded positive reactions live near to the known cases.

B.C.G. Vaccination. Consent for Heaf testing and vaccination was returned for 4,625 children, which represents an acceptance rate of 94%. Seven hundred and twenty-seven children tested were Heaf positive, a rate of 18.6%. The number vaccinated was 3,165 and the number of sessions devoted by medical officers was 192.

SMOKING AND HEALTH

The following lecture notes were circulated to Head Teachers of Secondary Schools (see page 8).

1. **Introduction.** Why does anyone start smoking? There are various reasons why people take up the habit. We could call them—conformity, emulation of the grown-up, curiosity and “bridging the awkward gap”.

2. **Conformity.** So many people smoke nowadays that young people follow the prevailing custom because they do *not* want to be different. They want to conform to what is evidently an established social habit. It is characteristic of most adolescents that they do not want to draw attention to themselves. It is later on in life that some young people desire to be different, and this is the time when a young man will sport a fancy waistcoat or grow a Viking beard so that he will be quite different from his friends.

3. **Emulation of the Grown-Up.** Young people see many grown-ups smoking and therefore they feel that if they smoke they are bound to feel more grown-up. What is more important, they hope that other people will think that they are grown-up. Young people, when they leave school, want to be considered grown-up as quickly as possible. A good example of this is seen in the young man who has left school and returns a year later to the school sports complete with bowler hat, tightly rolled umbrella and pipe. Girls may start to smoke not so much because they want to be grown up, as in the case of boys, but because they think there is something sophisticated about it. In their photographs, film stars and top-ranking models are often seen smoking and the girls may get the idea that if they smoke they will acquire something of the appearance and glamour of the film star.

4. **Curiosity.** Young people see others smoking and they want to find out what is it like for themselves.

5. **“Bridging the Awkward Gap.”** Young people when they are adolescent often feel awkward and ill at ease and lacking in self-confidence, particularly on social occasions. For example, the young man at his first party does not quite know what to say or how to comport himself. He sees the other fellows taking out cigarette cases with a flourish and offering them to girl friends, so he soon buys a case and a packet of cigarettes. He finds that if conversation

flags there is nothing more natural than to fill a gap with a cigarette. If there is nothing particular to talk about they can discuss the merits of the cigarette.

6. **What are the attractions of Smoking?** Tobacco certainly has its attractions. Calverley wrote an "Ode to Tobacco"—

Sweet when the morn is grey,
Sweet when they've cleared away,
Lunch and the close of day
Possibly sweetest.

In smoking, if it is inhaled, about 3mg. of nicotine are retained. What we might call the drug effects of the tobacco are probably due to the nicotine. If one is in a situation which involves considerable nervous tension then a cigarette seems to soothe one's nerves. Again, if one has been through a very exciting and trying experience a cigarette seems to be very welcome after the crisis has passed. For example, after a university examination one would always see the students light-up as soon as they emerged from the examination hall. Again, if one is bored or depressed, tobacco seems to relieve the boredom or depression. If one is kept waiting for an appointment a cigarette seems to help to pass the time—probably because it gives one something to do. It is because of this action of calming the nerves in periods of excitement, and of relieving boredom, that the consumption of tobacco rose steeply during the last war. Many examples can be seen of the association of cigarettes with situations in which tension and strain are prominent. In films and on the stage the hero or criminal, when he is in a tight spot, always smokes. A pipe smoker will tell you that he derives comfort and satisfaction from his pipe.

7. **Addiction.** Tobacco in my opinion is a drug of addiction, i.e., a drug to which one becomes accustomed and one has great difficulty in doing without it. There are many people who, once they have started smoking, simply find they cannot give it up, even if they want to. Life without tobacco is something which they cannot contemplate. There are, however, some people who can give up smoking quite easily and then start again, but on the whole most people who have started find it difficult to give up the habit.

8. A confirmed smoker really does nothing more or less than spend a lot of money satisfying an artificial craving which he has learned to acquire. One has to bear in mind that no one naturally

wants to smoke. The habit is definitely an acquired one and, indeed, is often acquired at the expense of an unpleasant bout of sickness. Once a person has given up tobacco for several weeks he soon loses his sense of craving and is able to get through periods of stress and strain, boredom and depression, which we all have to face, without having to rely on an outside aid such as tobacco.

9. Effects on the Body. As I have mentioned, a person who smokes cigarettes, and inhales, retains about 3mg. of nicotine. As you will know, nicotine is a powerful poison and is widely used by gardeners to kill insects, particularly greenfly. The effect of nicotine on the body is that it stimulates certain parts of the nervous system, and like most poisons if the dose is increased it has a paralytic action. Nicotine results in the heart beating more frequently and there is also some rise in the blood pressure. The small blood vessels which conduct blood to the skin become contracted with the result that the supply of blood to the skin is reduced and there is a consequent fall in the surface temperature—the fingers may become cold.

In summary, tobacco smoking very definitely has an effect on the body, particularly on the nerves which regulate the blood vessels and the heart. There may be a few top athletes who smoke but by far the majority do not smoke because they know quite well that tobacco prevents them from being 100% fit.

10. Medical Effects. You are all too young to be likely to be interested in what is going to happen to you in 30, 40 or 50 years' time because this seems so far ahead, but nevertheless I think I ought to tell you some of the facts. Firstly, to deal with lung cancer. The Medical Research Council, which represents the most authoritative medical opinion in the country, has said that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the last 25 years, is that the majority of them are caused by tobacco, particularly heavy smoking. Investigations have been done in a number of countries and they all point to the same conclusion. The investigation in this country has shown with regard to lung cancer in men:

- (a) a higher mortality in smokers than in non-smokers,
- (b) a higher mortality in heavy smokers than in light smokers,
- (c) a higher mortality in cigarette smokers than in pipe smokers,
- (d) a higher mortality in those who continue to smoke than in those who gave it up.

11. The highest mortalities are found among men who were continuing to smoke cigarettes, heavy smokers in this group having a death rate nearly 40 times as great as among non-smokers. It is estimated that among life-long heavy cigarette smokers, one in every eight will die of cancer of the lung, compared with one in every 300 among non-smokers. There is also definite evidence that among those who give up smoking the risk of lung cancer gradually becomes reduced. Deaths from cancer of the lung and tuberculosis of the lung since 1953 are shown in this chart.

<i>Year</i>	ENGLAND AND WALES		NORTHAMPTONSHIRE	
	<i>Pulmonary Tuberculosis</i>	<i>Lung Cancer</i>	<i>Pulmonary Tuberculosis</i>	<i>Lung Cancer</i>
1953	7,913	15,132	42	62
1954	7,069	16,331	25	69
1955	5,837	17,272	19	105
1956	4,853	18,186	20	70
1957	4,249	19,119	15	111
1958	3,999	19,820	21	121
1959	3,475	21,063	21	91

12. You will note that there are now about 20,000 deaths from lung cancer. One quite rightly hears a lot about deaths on the roads. Certainly the roads are dangerous and far too many people are killed, but deaths on the road number 6,000 per annum, that is about one-third of the deaths from lung cancer. Further, lung cancer does not take its toll only among the old people, but also among men who are at the time of life when they are holding top positions, between 40 and 50, or 50 and 60 years. In my view, the man who has family responsibilities must put to himself the question as to whether he is justified in continuing to smoke heavily, because the facts have been very clearly presented that he runs an increased risk of premature death from lung cancer.

13. Lung cancer is the main disease associated with tobacco smoking but it is not the only disease. As tobacco causes the blood pressure to go up, obviously patients with high blood pressure are often advised to cut down smoking. Everyone knows also that smoking causes a cough which is really a symptom of bronchitis—a disease which is common in this country because of our climate and atmospheric pollution. Bronchitis causes 30,000 deaths a year. The man who gives up smoking feels, after six months or so, that his lungs are clear, as if they had been “decarbonised”. Tobacco smoking may also cause a gastric ulcer and most doctors advise patients with a gastric ulcer to give up smoking.

14. There is a disease in which the fingers become white due to the lack of blood supply caused by the vessels which supply blood to the fingers becoming contracted. This is known as Raynaud's disease and it is greatly aggravated by tobacco. There is also an uncommon disease, but a very tragic one, called Buerger's disease which affects men. The blood vessels to the legs become narrowed and the limbs become gangrenous. Often amputation has to be performed. Patients suffering from this disease may die in early manhood. A close association with tobacco has been shown. The disease becomes worse with smoking and fails to progress when smoking is given up.

15. Many cigarettes are now made with filters. I can assure you that these filters do not in any way whatsoever reduce the amount of deleterious substances which are inhaled and cause lung cancer and other diseases.

16. **Tobacco Advertisements.** In 1956 the tobacco industry spent 2.3 millions pounds on advertising. Hoardings, posters, magazines and newspapers all contain such advertisements. It is interesting to try to analyse the appeal of the tobacco advertisements. As stated by Dr. A. J. Dalzell-Ward, Medical Director of the Central Council for Health Education, many advertisements depend for their appeal on prestige values. Quite a large number of brands of tobacco or cigarettes have a name associated with the Royal Navy. The Royal Navy, due to its long tradition of valuable service to this country, has a high prestige value and tobacco advertisers recognise this and make use of it. The word conjures up a picture of a Senior Naval Officer with gold rings on his sleeves, deep-set blue eyes, clear-cut profile, standing on the bridge of a modern cruiser. Psychologically the advertisements depend on a process of identification. The young man who buys a packet of cigarettes in a sub-conscious way identifies himself with the prestige of the Navy. Again there is the appeal of a cigarette named after a famous actor. In buying a packet of this brand the purchaser feels that he is in some way connected with the actor. One of the latest cigarettes on the market is advertised with a picture of a handsome young man with wavy hair and features of a Greek God. I see that a new tobacco is called after a certain group of native climbers. Mountaineering in the Himalayas makes a strong appeal to everyone because of the risk of climbing the highest mountains in the world. Again these advertisements depend on prestige and identification. Next time

you see a tobacco advertisement, try to find out what is the appeal behind this particular advertisement, and bear in mind that over two million pounds are being spent every year in trying to get people to smoke and keep on smoking.

17. Certainly, tobacco advertisers never present a picture of the type of young man who is often a heavy smoker—the youth who is slouching, has long, untidy hair, poor physique, and who has invariably a cigarette drooping out of the corner of his mouth.

18. **Cost.** Before young people start to smoke they ought to think what it is going to cost them. Nowadays ten cigarettes a day will cost about £35 a year, and twenty a day will cost £70. A Head Teacher in London showed his boys a really beautiful camera with all the latest gadgets such as light meters and view finder, etc. He told his class it had cost £35 and he had got it by giving up smoking for a year. Even if you only smoke ten cigarettes a week this will cost £5 a year and one can still do something with £5. Always bear in mind that there are some people who become so addicted to tobacco that they spend an undue proportion of their income on it.

19. **Long-term Objective.** What should be our long-term objective? In the 17th century smoking was popular but during the 18th century it was unfashionable. It is now more popular than it has ever been. In the 18th century when tobacco was out of fashion, people took snuff. I think the long-term objective must be to endeavour to secure that tobacco becomes unfashionable. There is certainly nothing manly about smoking. A child can smoke—in fact monkeys have been taught to do so.

20. **Your Decision.** The facts have been placed in front of you. The decision whether to start smoking or not is a responsible one and I hope you will bear in mind some of the facts I have brought to your notice when the time comes for you to make your decision.

C.M.S.

MEDICAL EXAMINATION OF TEACHERS

The medical staff examined 173 candidates for admission to teachers' training colleges and to the teaching profession. Of these examinations four were carried out on behalf of other authorities. An X-ray examination of the chest was always included. None was found unfit to teach.

MEDICAL EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT

Ten school children who were in part-time employment were examined by the school medical officers. In no case was it considered that such employment would be prejudicial to health.

EAR, NOSE AND THROAT CLINICS

The arrangement whereby children are referred to the ear, nose and throat specialists after consultation with the family doctors was continued satisfactorily. Many of the 438 school children who received operative treatment for enlarged tonsils and adenoids were referred from the Department.

DEFECTIVE VISION

The Oxford Regional Hospital Board allocated 243 sessions, as compared with 229 last year. In spite of this increase, however, fewer children were actually examined, 2,779 as compared with 2,947, because smaller numbers were called up for some of the sessions. Thirty-seven children were seen by Dr. Wilson Carey at his Brackley and Banbury clinics.

The Orthoptist to the Kettering Hospital Management Committee attends the school eye clinics at Corby and Rushden and at her orthoptic clinics a total of 3,686 attendances were made by school children from the Corby, Kettering and Rushden area.

COLOUR VISION TESTING

Following the Committee's decision that colour vision testing should be offered to all boys who anticipate taking up posts for which perfect colour vision is essential, the Health Visitors carried out 96 such tests at school leaver examinations. Three pupils were found to have some degree of colour blindness.

VERMINOUS CONDITIONS

A total of 65,978 individual examinations were made by the Health Visitors at their termly and monthly inspections of pupils and 309 cases of infestation with nits or vermin were found, which is 0.47% compared with 0.46% in the previous year.

HEALTH EDUCATION

The Health Visitors gave 80 talks on mothercraft and personal hygiene to senior girls.

SCHOOL PREMISES

It is very pleasing to report that all maintained schools now have waterborne sanitation. There remain only four aided schools in small villages where the offices have not yet been converted and in each case the provision of water closets is under active consideration.

REPORT OF THE CHIEF DENTAL OFFICER

Mr. J. P. Finnan resigned from his post of part-time dental officer at Kettering, where he had been carrying on since his retirement in the summer of 1956. These extra sessions he has given have been an immense help in keeping the service going at Kettering and I would like to record my thanks for his kindness in continuing all this time.

It is of interest to quote here the results of a recent survey undertaken with the view to finding how regularly schoolchildren in the County are being treated. A recent survey of some 2,600 unselected children seen at routine dental inspections in the County showed that apparently only about a quarter of these children received regular dental care by dentists in the National Health Service. This was assessed by means of observation by the school dental officers supplemented by questioning the children and cannot be regarded as other than an approximation. On the assumption that it is representative all over Northamptonshire about 11,000 children would have been seen by private practitioners. Our own service (consisting of only six dental officers) treated about 9,000 and so about 24,000 children received no form of regular dental care during 1958.

These figures indicate that only about half the schoolchildren in Northamptonshire received dental attention during 1958. This is a depressing statement when it is borne in mind that, to maintain satisfactory dental health, children should be seen by dentists twice per annum.

As foreshadowed in my report last year, a new high speed drill has been purchased and used in the Wellingborough clinic. It is known as the Airotor and consists of a small turbine driven by compressed air. Speeds of 250,000 revs. per minute are attained and the Dental Officer who has been using it, Mr. R. J. H. Corfe, records his experiences.

“ The Borden Airotor was installed in the Dental Department of the Wellingborough Health Clinic in the Summer of 1959. Once the new technique of operating this instrument was mastered, it was found to be a most useful adjunct in the procedure of conserving teeth.

Although the conventional dental engine could not be dispensed with, it was found that the Airotor has tremendous advantages over it. From the patient's point of view they are as follows:

1. Less pain.
2. Shortness of time in which a cavity can be prepared.
3. Lightness of touch. It has been known for a patient to be unaware that the tooth was “ drilled ” at all.
4. No vibration.
5. No head noises, i.e., bone conducted sounds.

From the operator's point of view the advantages are:

1. Less pain and therefore a more co-operative patient.
2. Speed in cavity preparation. This particularly applies in the running out of molar fissures and making key-ways for Class II cavities. In older children and adults, several cavities can be prepared at one sitting.
3. Lightness of touch: no forcing required.
4. Less fatigue.

The Airotor's disadvantages for the patient appear to be:

1. Excess of cold water in the mouth from the cooling spray. (Some models have water heater attached). A saliva ejector helps dispel the quantity of water.
2. High-pitched whistle and rushing sound. Five-year-olds and under dislike this, but some tolerate it.

Disadvantages to the operator are:

1. Excess water in the mouth.
2. Mist of water-vapour and oil-vapour in vicinity sometimes inhaled.
3. Occasional pieces of tooth particle or old filling fly off rotating burr into operator's face. Spectacles are a protection.

The Airotor in the Wellingborough Clinic has been used mostly on children and occasionally on expectant and nursing mothers. Practically all patients over five state their preference for the Airotor.”

On the preventive side we have been continuing our Campaign among the schoolchildren of Wellingborough by all means possible and have had very great help from our doctors, health visitors and nurses, and also the teachers who have proved most co-operative especially at our test schools of John Lea Secondary Modern, Park Street Girls and Westfield Road Boys.

The highlight of the year was an Exhibition on Dental Health held in June at the Oxford Street Clinic, Wellingborough. School-children there had previously been invited to take part in a competition for which prizes were awarded. The infants were given an outline of a poster to colour in, the juniors were asked to write a rhyme or slogan on dental health and the seniors had to do a poster of their own. There were many entries some of which were of a high standard, and it is hoped that this in itself was some indication of an increasing awareness in children of the importance of their teeth.

The Exhibition was primarily designed to show what can be done by children themselves to help care for their teeth, since in our present state of under-staffing we must encourage prevention in an endeavour to reduce dental disease, as it is quite impossible for us to give treatment to all who require it.

There were a variety of exhibits including a colour film, "Let's keep our teeth"; slides of the three methods of cleaning the teeth i.e. brushing, mouth rinsing, and eating hard, cleansing foods after meals; models of the development of jaws and teeth, of the progress of decay, and some of fillings and of orthodontic treatment. A stereoscopic viewer borrowed from the General Dental Council proved very popular, as did an experiment to show how well an apple or carrot will clean the mouth. Here a volunteer ate a biscuit and showed the others in his group how it clung to the teeth (thus helping to initiate decay). Immediately following this he ate an apple and again the others looked inside his mouth and this time saw how all the debris had been cleared away. Numerous pamphlets of various types were taken and many questions asked of the staff on duty.

It is hoped shortly to see what improvement has been effected in children's dental hygiene during this campaign and to consider the possibility of spreading it to other areas in Northamptonshire.

In conclusion I would like to thank my own staff and our visiting anaesthetists Dr. R. G. Lilly, Dr. O.V. Maxim and Dr. M. Smail for their great help during the year.

D. H. GOOSE.

SPEECH THERAPY

There have again been two speech therapists working in the County. Miss Barrenger in the northern area and Mrs. Sculthorpe in the southern area until August, when her place was taken by Mrs. Moore, who worked for three sessions a week.

More children were seen in the schools, where the therapist could be accommodated, than at clinics, where attendance is frequently limited by weather conditions and the patients' home circumstances. This arrangement was found more satisfactory for regular treatment of children living in rural districts with inconvenient travelling conditions. Children in such districts were also visited when possible for treatment in their homes, and in some cases these children were brought to clinics by the Ambulance Service.

It is hoped to cover these rural districts more satisfactorily by fewer clinics and more visits to the children during school hours.

For the most part co-operation from parents and schools has contributed to successful treatment, but therapists found in many cases that they lacked the time and opportunity to make adequate school and home visits to make the personal contacts so essential to satisfactory speech correction.

Speech Therapy Clinics

Total number of attendances	7,361
Number of new patients	267
Number of patients discharged.....	228
Number of patients left district	18
Number of patients under treatment on December 31st	305
Number of patients deferred.....	88
Number of patients on waiting list	150
Number of patients on register on December 31st.....	388
Number of patients treated during the year	639

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

The Inspectors of the Society who have continued their work amongst school children have reported that 412 children were involved in cases investigated.

SCHOOL MEALS SERVICE AND THE MILK IN SCHOOLS SCHEME

The Chief Education Officer has kindly supplied the following figures relating to the school milk and meals services :

School Meals Service

	<i>October, 1958</i>	<i>October, 1959</i>
Number of Canteens and Dining Centres	196	201
Numbers of Primary and Secondary school children taking midday meal daily	14,751	15,585
Percentage of Primary and Secondary school children present in school taking meal	34.48%	36.22%

Milk in Schools Scheme

Percentage of children taking milk :

Primary and Secondary schools	82.15%	81.76%
Nursery schools	100%	100%

TABLE I
Periodic Medical Inspection

<i>Age Groups Inspected (By year of birth)</i>	<i>No. of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
		(3)	(4)	(5)	(6)
1955 and later ...	308	304	98.71	4	1.29
1954	1070	1059	98.97	11	1.03
1953	1573	1555	98.86	18	1.14
1952	988	980	99.19	8	0.81
1951	349	344	98.57	5	1.43
1950	329	325	98.79	4	1.21
1949	860	851	98.96	9	1.04
1948	1217	1210	99.43	7	0.57
1947	908	901	99.23	7	0.77
1946	690	685	99.28	5	0.72
1945	1014	1011	99.71	3	0.29
1944 and earlier...	1706	1701	99.71	5	0.29
Total ...	11012	10926	99.22	86	0.78

TABLE II
Other Inspections

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	1593
Number of Re-inspections	208

Total	1801
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TABLE III

Return of Defects found by Medical Inspection

Periodic Inspections

Defect Code No. (1)	Defect or Disease (2)	Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	11	66	11	38	22	38	44	142
5	Eyes—(a) Vision ...	169	276	195	88	235	122	599	486
	(b) Squint ...	32	55	6	6	7	19	45	80
	(c) Other ...	11	17	2	6	2	12	15	35
6	Ears—(a) Hearing ...	8	32	—	10	2	13	10	55
	(b) Otitis Media ...	6	54	2	9	1	16	9	79
	(c) Other ...	1	15	1	1	—	2	2	18
7	Nose and Throat ...	84	964	13	68	36	218	133	1250
8	Speech	63	50	2	6	7	13	72	69
9	Lymphatic Glands ...	5	303	—	20	—	82	5	405
10	Heart	11	90	12	39	6	48	29	177
11	Lungs	24	189	3	20	9	55	36	264
12	Developmental—								
	(a) Hernia	3	6	1	1	3	2	7	9
	(b) Other	10	149	2	7	22	58	34	214
13	Orthopædic—								
	(a) Posture	6	161	12	44	8	63	26	268
	(b) Feet	19	142	15	36	18	56	52	234
	(c) Other	19	148	14	46	21	85	54	279
14	Nervous system—								
	(a) Epilepsy	—	9	1	3	1	1	2	13
	(b) Other	1	50	—	7	2	25	3	82
15	Psychological—								
	(a) Development ...	2	46	—	6	3	26	5	78
	(b) Stability	2	17	—	9	—	14	2	40
16	Abdomen	2	12	—	1	2	1	4	14
17	Other	—	1	1	—	1	1	2	2

T=Requiring treatment.

O=To be kept under observation.

TABLE IV
Special Inspections

<i>Defect Code No.</i>	<i>Defect or Disease</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
4	Skin	2	19
5	Eyes—(a) Vision	57	69
	(b) Squint	9	14
	(c) Other	1	9
6	Ears—(a) Hearing	3	14
	(b) Otitis Media	2	15
	(c) Other	—	5
7	Nose and Throat	51	177
8	Speech	6	8
9	Lymphatic Glands	1	85
10	Heart	5	36
11	Lungs	6	32
12	Developmental—		
	(a) Hernia	2	2
	(b) Other	8	49
13	Orthopædic—		
	(a) Posture	3	47
	(b) Feet	9	27
	(c) Other	7	53
14	Nervous system—		
	(a) Epilepsy	—	7
	(b) Other	3	24
15	Psychological—		
	(a) Developmental	2	14
	(b) Stability	2	7
16	Abdomen	1	—
17	Other	1	2

TABLE V

**Pupils found to require treatment at
Periodic Medical Inspections
(Excluding Dental Disease and Infestation with Vermin)**

<i>Age Groups Inspected (By year of birth) (1)</i>	<i>For defective vision (excluding squint) (2)</i>	<i>For any of the other conditions recorded in Table III (3)</i>	<i>Total individual pupils (4)</i>
1955 and later ...	6	14	19
1954	38	64	99
1953	61	123	176
1952	36	65	96
1951	15	24	38
1950	13	13	26
1949	44	44	86
1948	72	36	108
1947	53	46	94
1946	66	43	105
1945	85	37	120
1944 and earlier ...	110	55	161
Total	599	564	1128

TABLE VI Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

During the calendar year ended 31st December, 1959	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
A. were newly placed in special schools (other than hospital special schools) or boarding homes ...	1	2	3	1	10	7	46	3	1	74
B. were newly assessed as needing special educational treatment at special schools or in boarding homes ...	1	—	3	—	7	7	49	2	1	70
C. (i) were on the registers of:										
1. maintained special schools:										
(a) as day pupils ...	—	2	—	—	21	28	119	—	—	170
(b) as boarding pupils ...	1	7	2	6	1	1	58	1	—	77
2. non-maintained special schools										
(a) as day pupils ...	—	—	—	—	—	—	—	—	—	—
(b) as boarding pupils ...	8	—	12	2	13	4	7	8	—	54
(ii) were on the registers of independent schools under arrangements made by the Authority ...	—	—	—	—	—	—	—	7	1	8
(iii) were boarded in homes and not already included under (i) or (ii) ...	—	—	—	—	—	—	—	11	—	11
Total C ...	9	9	14	8	35	33	184	27	1	320

Handicapped Pupils requiring education at special schools or boarding homes (continued)

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Educationally sub-normal (8) Maladjusted	(9) Epileptic	TOTAL (1)-(9)				
D. were being educated under arrangements made under Section 56 of the Education Act, 1944 ...	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(1)-(9)
(i) in hospitals ...	—	—	—	—	5	—	—	—	—	5
(ii) in other groups (e.g. units for spastics, convalescent homes) ...	—	—	—	—	—	—	—	—	—	—
(iii) at home ...	—	—	—	—	7	—	—	2	—	9
E. were requiring places in special schools :										
(i) TOTAL (a) day ...	—	—	—	1	1	—	95	—	—	97
(b) boarding ...	1	5	1	—	1	1	71	2	—	82
Number of pupils <i>included</i> in the totals above :										
(ii) who had not reached the age of 5 :										
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places ...	1	—	1	—	—	—	—	—	—	2
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school:										
(a) awaiting day places	—	—	—	—	—	—	5	—	—	5
(b) awaiting boarding places ...	—	2	—	—	1	—	26	—	—	29

TABLE VII
School Eye Clinics

<i>Centre</i>	<i>No. Clinic Sessions Held</i>	<i>No. Old Cases</i>	<i>No. New Cases</i>	<i>Total Seen</i>
Corby Nuffield Diagnostic Centre ...	46	226	132	358
Daventry County Modern School ...	15	101	22	123
Kettering Stockburn Memorial Home ...	41	529	145	674
Northampton Guildhall Road ...	36	246	99	345
Oundle County Modern School ...	2	18	7	25
Rushden Memorial Hospital ...	44	321	101	422
Thrapston Baptist Rooms ...	9	114	30	144
Towcester County Modern School ...	10	67	17	84
Wellingborough Oxford Street Clinic ...	39	443	145	588
Woodford Halse County Modern School	1	9	7	16
	243 (229)	2074 (2247)	705 (700)	2779 (2947)
(The figures in brackets refer to 1958)				
Brackley Cottage Hospital ...	6	17	9	26
Banbury Horton General Hospital ...	5	3	8	11

TABLE VIII
Eye Diseases, defective vision and squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	2
Errors of refraction (including squint) ...	2816
Total ...	2818
Number of pupils for whom spectacles were pre- scribed ...	1418

TABLE IX
Orthopaedic and postural defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient depart- ments ...	971
(b) Pupils treated at school for postural defects ...	41
Total ...	1012

TABLE X
Diseases and defects of ear, nose and throat

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis...	438
(c) for other nose and throat conditions ...	—
Received other forms of treatment	1
Total	439
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1959	1
(b) in previous years	8

TABLE XI
Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	65,978
(ii) Total number of individual pupils found to be infested	309
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Educa- tion Act, 1944)	Nil

TABLE XII
Diseases of the Skin
(Excluding uncleanness, for which see Table XI)

	Number of cases known to have been treated
Ringworm—(i) Scalp	2
(ii) Body	5
Scabies	2
Impetigo	—
Other skin diseases	77
Total	86

TABLE XIII
Dental Inspection and Treatment

(1)	Number of pupils inspected by the Authority's Dental Officers :					
	(a)	At Periodic Inspections	...	...	...	22068
	(b)	As Specials	...	...	...	2352
		Total (1)	...	...	...	24420
(2)	Number found to require treatment					17794
(3)	Number offered treatment					14010
(4)	Number actually treated					10997
(5)	Number of attendances made by pupils for treatment (including those recorded at heading (11) (h))					18854
(6)	Half days devoted to :		Periodic School Inspection	...	...	176
			Treatment	...	...	†2203
		Total (6)	...	...	...	*2379
(7)	Fillings :		Permanent Teeth	...	...	10371
			Temporary Teeth	...	...	754
		Total (7)	...	...	...	11125
(8)	Number of teeth filled :		Permanent Teeth	...	...	9187
			Temporary Teeth	...	...	708
		Total (8)	...	...	...	9895
(9)	Extractions :		Permanent Teeth	...	...	3227
			Temporary Teeth	...	...	9168
		Total (9)	...	...	...	12395
(10)	Administration of general anaesthetics for extraction					5054
(11)	Orthodontics :					
	(a)	Cases commenced during the year	...	...	...	132
	(b)	Cases brought forward from previous year	...	...	...	164
	(c)	Cases completed during the year	...	...	...	89
	(d)	Cases discontinued during the year	...	...	...	51
	(e)	Pupils treated with appliances	...	...	...	223
	(f)	Removable appliances fitted	...	...	...	242
	(g)	Fixed appliances fitted	...	...	...	2
	(h)	Total attendances	...	...	...	1652
(12)	Number of pupils supplied with artificial teeth					73
(13)	Other operations :		Permanent Teeth	...	...	2666
			Temporary Teeth	...	...	3332
		Total (13)	...	...	...	5998

† Child Welfare and Ante-Natal patients also treated at these sessions.

* This figure includes the 196 sessions spent by the County Dental Officers in assisting at general anaesthetics.

TABLE XIV

A. Child Guidance Clinic

(i)	Boys	Girls	Total
No. of cases referred during year	72	36	108
No. of cases waiting to be seen on Jan. 1st, 1959	23	12	35
No. of cases seen by Psychologist and Psychiatrist ...	40	22	62
No. of cases seen by Psychiatrist only (including cases referred by Psychologist)	22	10	32
No. of cases seen by Psychologist only	—	2	2
No. of cases not seen	11	5	16
No. of cases waiting to be seen on Dec. 31st, 1959.....	22	9	31
Cases under psychotherapy on Jan. 1st, 1959.....	51	31	82
New cases taken on for psychotherapy during year.....	43	20	63
No. under psychotherapy on Dec. 31st, 1959	66	35	101
Psychotherapy cases discharged during year	28	16	44
Cases awaiting psychotherapy on Dec. 31st, 1959	—	—	—
REFERRED BY :			
Parents	8	6	14
Head Teachers	5	3	8
School Medical Officers	11	2	13
Chief Education Officers	2	1	3
Family Doctors.....	16	12	28
Hospital Consultants	9	5	14
Health Visitors	1	1	2
Children's Officers	2	1	3
Magistrates and Probation Officers	9	2	11
Others.....	9	3	12
REFERRED FOR :			
Nervous Disorders	6	5	11
Habit Disorders	12	6	18
Behaviour Disorders	53	23	76
Organic Disorders	—	2	2
Psychotic Disorders	1	—	1
(ii)			
No. of children discharged from Holyrood Hostel during year.....			12
No. of children admitted to Holyrood Hostel			12
No. of children removed by parents			1
No. of children discharged from Rostrevor Hostel during year			2
No. of children admitted to Rostrevor Hostel.....			2
No. of children removed by parents			—
No. of children in Residential Schools for Maladjusted Children.....			8

B. SCHOOL PSYCHOLOGICAL SERVICE

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
From 1958	47	18	65
No. of cases referred during year	237	119	356
No. of cases seen by Psychologist	212	103	315
No. of cases waiting to be seen by Psychologist on Dec. 31st, 1959	61	27	88
No. of cases referred to Psychiatrist	5	3	8
No. of cases not seen	11	7	18

REFERRED BY :

Parents	2	—	2
Head Teachers	177	92	269
School Medical Officers	17	8	25
Chief Education Officers.....	21	3	24
Family Doctors.....	1	—	1
Hospital Consultants	2	3	5
Children's Officers	2	2	4
Others.....	14	11	25

REFERRED FOR :

Backwardness at school (including suspected Educational Sub-normality)	96	50	146
Other Educational problems	99	44	143
Secondary School Selection.....	—	—	—
Consideration for " Experimental " Classes	17	10	27
Consideration for " Remedial Teaching "	—	—	—
Re-examination	24	15	39
Remedial Teaching by Psychologist	6	—	6

CLINICS ATTENDED BY SCHOOL CHILDREN

DENTAL

Corby.
Samuel Lloyd Modern School Clinic
Kettering.
Stockburn Memorial Home
Northampton. Guildhall Road
Rushden. 17 Griffith Street
Wellingborough. Oxford Street

REFRACTIONS

Corby. Diagnostic Centre
Kettering.
Stockburn Memorial Home
Northampton. Guildhall Road
Rushden. Memorial Hospital
Wellingborough. Oxford Street

CHILD GUIDANCE

Kettering. School Lane Clinic
Northampton. 28 Billing Road
Wellingborough. Oxford Street
Corby.
Samuel Lloyd Modern School Clinic

EAR, NOSE AND THROAT

Corby. Diagnostic Centre
Kettering. General Hospital
Northampton. General Hospital
Rushden. Memorial Hospital

SPEECH THERAPY

Kettering.
Stockburn Memorial Home
Northampton. Guildhall Road
Rushden. 17 Griffith Street
Wellingborough. Oxford Street

